

Area: 16 Combination

SI: RSCHABLA

Count: 1

BUILDING INSPECTION NOTICE

E-Complete; M-Complete; P-Complete

Permit #: 1 8 - 1 3 2 4 7 6 - R S

LI: _____

Supervisor Tel: 408 535-7743

Confirmation #: 0 1 4 3 3 5 7 8

Received: 12/19/2018

By: Phone _____

Preferred: _____

Scheduled: 0 1 / 0 7 / 1 9

Tract: 5335

Lot: 250

of Units: 0

Map: 874 A 3

Address: 4791 CALLE DE TOSCA SAN JOSE

Contact: MARILYN

Phone: (408) 883-0191

ETA Call: Y

Owner: KAYE JONATHAN A AND ANN L

Contractor: LEMON REMODELING

Primary: (408)883-0191

Folder Name: (EPM 100%) BATH REMODEL

Subtype: Single Family

Work Proposed: Additions/Alterations

Comments: _____

Related Permits: _____

Next Inspections Suggested

Insp Time: _____

: 30

Inspection time listed at the left includes 10 minutes travel time.

Number of Units: 1

Time inspection completed

Code Description

Code	Description	O K	P A	C N	N R	N N	R F	Code	Description	O K	P A	C N	N R	N N	R F
4 1 3	Electrical Rough	X													
4 2 1	Top-out	X													
4 2 3	Shower pans	X													
4 2 2	TUB	X													

Inspection Code: OK = Approved, PA = Partial Approval, CN = Correction Notice, NR = Not Ready, NN = Not Necessary, RF = Re-Inspection Fee Due

Remarks:

* OK TO INSULATE AND COVER
 * RECEPTICLE TO RIGHT OF KITCHEN SINK
 IN CABINET.

You have a total of 1.39 hour(s) remaining on this project as of Friday, January 04, 2019 11:10:27 AM.

Inspector's Signature: Roy Schabla

Print: RSCHABLA

Date: 01 / 07 / 19

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